



IDAHO COUNCIL ON
DEVELOPMENTAL
DISABILITIES

802 W. Bannock, Suite 308

Boise ID 83720-0280

COUNCIL APPOINTMENT APPLICATION

Mail Application to above address

Application can be faxed to 208-334-3417

Application must be postmarked or faxed by **April 1 each year**

NAME		STREET ADDRESS	
CITY	COUNTY	STATE	ZIP CODE
HOME PHONE	WORK PHONE	FAX	E-MAIL ADDRESS
ARE YOU: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		<input type="checkbox"/> CAUCASIAN <input type="checkbox"/> HISPANIC <input type="checkbox"/> AFRICAN AMERICAN <input type="checkbox"/> NATIVE AMERICAN <input type="checkbox"/> ASIAN <input type="checkbox"/> OTHER	
1.	APPOINTMENT HISTORY: <input type="checkbox"/> FIRST TIME APPOINTMENT <input type="checkbox"/> REAPPOINTMENT		
2.	REPRESENTATION: <input type="checkbox"/> State Agency Representative <input type="checkbox"/> A Parent Of A Child With a Developmental Disability <input type="checkbox"/> Local Agency Representative <input type="checkbox"/> A Parent Of An Adult Child With a Developmental Disability <input type="checkbox"/> Higher Education Representative <input type="checkbox"/> Relative, Parent, or Guardian of a Person w/ Dev. Disability Who is or was in an Institution <input type="checkbox"/> For Profit Provider Representative <input type="checkbox"/> Protection and Advocacy Organization Representative <input type="checkbox"/> Nonprofit Representative <input type="checkbox"/> University Center for Excellence Representative <input type="checkbox"/> Person With a Developmental Disability <input type="checkbox"/> Other (please list)		
3.	IF YOU ARE A PERSON WITH A DEVELOPMENTAL DISABILITY, PLEASE DESCRIBE YOUR DISABILITY.		
4.	IF YOU ARE A PARENT OF A CHILD/CHILDREN WITH DEVELOPMENTAL DISABILITIES PLEASE LIST AGE(S) AND DISABILITIES:		
5.	IF YOU ARE REPRESENTING AN AGENCY/ORGANIZATION, PLEASE STATE THE NAME OF THE ORGANIZATION OR AGENCY YOU ARE REPRESENTING:		
6.	WHY DO YOU WANT TO BE ON THE COUNCIL?		
7.	WHAT ARE YOUR SPECIFIC CONCERNS/INTERESTS IN DISABILITY ISSUES?		
8.	WHAT STRENGTHS DO YOU BRING TO THE COUNCIL?		
9.	WHAT IDEAS DO YOU HAVE FOR IMPROVING THE LIVES OF IDAHOANS WITH DEVELOPMENTAL DISABILITIES?		

10.	<p>CAN YOU COMMIT TO FOUR QUARTERLY THURSDAY AND FRIDAY MEETINGS PER YEAR (USUALLY IN JANUARY, APRIL, JULY AND OCTOBER) ?</p> <p><input type="checkbox"/> Yes – Advance dates and locations are necessary to schedule other dates around them</p> <p><input type="checkbox"/> Maybe – Advance dates and locations are necessary, however, other obligations may take precedence</p> <p><input type="checkbox"/> No – If No Please Comment:</p>
11.	<p>IDEALLY, COUNCIL MEMBERS SHOULD BE INVOLVED WITH MULTIPLE PROJECT AREAS/ACTIVITIES BUT IT IS NOT A REQUIREMENT. HOW INVOLVED DO YOU WANT TO BE WITH COUNCIL ISSUES?</p> <p><input type="checkbox"/> Extremely involved -- High level of participation, contact at regular intervals, available above and beyond regular council meetings</p> <p><input type="checkbox"/> Somewhat involved -- I would be available for Council meetings but my time outside of those meetings is limited</p> <p><input type="checkbox"/> Limited Involvement -- My involvement is limited to Council Meetings</p>
12.	<p>COUNCIL MEMBERS ARE EXPECTED TO CONTRIBUTE TO ALL COUNCIL MEETING DISCUSSIONS. IN MANY CIRCUMSTANCES, COUNCIL MEMBERS ARE EXPECTED TO PRESENT INFORMATION TO OTHER COUNCIL MEMBERS, COUNCIL STAFF, VISITORS AND OTHERS. WHAT IS YOUR LEVEL OF COMFORT IN SPEAKING BEFORE GROUPS AND MEETING THESE EXPECTATIONS?</p> <p><input type="checkbox"/> Extremely comfortable -- I enjoy group participation and have made presentations before groups.</p> <p><input type="checkbox"/> Very Comfortable -- I enjoy group participation and would like to experience presentations before groups.</p> <p><input type="checkbox"/> Comfortable -- Group participation is acceptable, prefer not to make presentations</p> <p><input type="checkbox"/> Uncomfortable -- I like small work groups but not giving presentations.</p> <p><input type="checkbox"/> Extremely Uncomfortable</p>
13.	<p>AS A COUNCIL MEMBER YOU WILL BE EXPECTED TO CALL WRITE AND MEET WITH STATE SENATORS AND REPRESENTATIVES (UNLESS YOU ARE A STATE AGENCY REPRESENTATIVE). YOU WILL RECEIVE TRAINING, LISTING OF YOUR LEGISLATORS FOR YOUR DISTRICT, FACT SHEETS AND BE PARTNERED WITH ANOTHER COUNCIL MEMBER FROM THE SAME DISTRICT OR STAFF MEMBER, CAN YOU MEET THIS EXPECTATION?</p> <p><input type="checkbox"/> Extremely Comfortable -- I have met with my legislators and presented my views</p> <p><input type="checkbox"/> Comfortable -- I can do this with enough training, information, and a good partner</p> <p><input type="checkbox"/> Very Uncomfortable -- No experience</p> <p><input type="checkbox"/> Extremely Uncomfortable</p>
14.	<p>ARE THERE ANY ACCOMMODATIONS YOU WILL NEED TO PARTICIPATE AS A COUNCIL MEMBER? IF YES, DESCRIBE ACCOMMODATIONS NEEDED (accessible transportation/room, personal care provider, interpreter, facilitator, special dietary requirements, etc).</p>
15.	<p>PLEASE LIST ANY INVOLVEMENT YOU HAVE OR HAVE HAD WITH COMMUNITY ORGANIZATIONS, DISABILITY ORGANIZATIONS OR TYPES OF EXPERIENCE YOU HAVE OR HAVE HAD IN ADVOCATING FOR PEOPLE WITH DEVELOPMENTAL DISABILITIES (Membership in other organizations is NOT a requirement).</p>
16.	<p>ON A SEPARATE PIECE OF PAPER, PLEASE TELL US A LITTLE ABOUT YOURSELF AND YOUR FAMILY. WHY DO YOU THINK YOU WOULD MAKE A GOOD COUNCIL MEMBER? WHAT DO YOU HOPE TO GAIN OR CONTRIBUTE FROM THIS EXPERIENCE?</p>

17.	HOW DID YOU LEARN ABOUT THE IDAHO COUNCIL ON DEVELOPMENTAL DISABILITIES?
18.	<p>PLEASE LIST THREE (3) NON-FAMILY REFERENCES WITH ADDRESSES AND PHONE NUMBERS. AT LEAST TWO OF THESE REFERENCES SHOULD BE PROFESSIONAL (EMPLOYER, CHILD'S TEACHER, CIVIC LEADER, ELECTED OFFICIAL, CLERGY, ETC).</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>1. _____</p> <p>_____</p> <p>_____</p> </div> <div style="width: 45%;"> <p>2. _____</p> <p>_____</p> <p>_____</p> </div> </div> <p>3. _____</p> <p>_____</p> <p>_____</p>

WHAT IS A DEVELOPMENTAL DISABILITY?

A "developmental disability" means a severe and chronic disability of an individual that is:

- (a) Attributable to a mental or physical impairment or combination of mental and physical impairments;
- (b) Is manifested before the individual attains age 22;
- (c) Is likely to continue indefinitely;
- (d) Results in substantial functional limitations in three (3) or more of the following areas of major life activity:
 - 1. self-care;
 - 2. receptive and expressive language;
 - 3. learning;
 - 4. mobility;
 - 5. self-direction;
 - 6. capacity for independent living; or
 - 7. economic self-sufficiency; and
- (e) Reflects the need for a combination and sequence of special, interdisciplinary, or generic services, individualized supports, or other forms of assistance which are:
 - 1. of lifelong or extended duration, and
 - 2. individually planned and coordinated.

T H A N K Y O U F O R Y O U R I N T E R E S T I N T H E C O U N C I L !